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30-00	INTRODUCTION

A. The following terms are defined to assist the worker in understanding the error messages as listed on the following pages.

1. **Invalid Date** - A date which does not exist, i.e., 2/30/04, 4/31/04, etc.

2. **Numeric** - Entry must be a number, not a letter or other character (A, B, C, / $, %, =, -, etc.).

3. **Alpha** - Entry must be a letter, not a number or other character (1, 2, 3, 4, / $, %, etc.).

4. **Nonnumeric** - Any entry which is not a number, i.e., (A, B, C, /, $, %, etc.).

5. **Invalid Entry** - May be due to one of the following reasons:
   a. Entry was omitted.
   b. Date is invalid.

       c. A numeric entry was required but a nonnumeric entry was made.

       d. An alpha entry was required but a numeric entry was made.

       e. The computer was not programmed to accept the entry made.

6. **Fatal** - A purchased service is authorized but an error is present
which stops payment processing. **No payment will be made
until the error is corrected.**

B. Error messages appearing on the **SPS01N10-02 Change of Service Auth Errors report** accompanying the turnarounds or on the terminal screen are listed below with an explanation of what probably caused the error. You may correct most errors by entering acceptable information in the item causing the error. Enter Effective Date according to the instructions in [Section 15.10](), sign and date the form, and resubmit.

C. You may delete many entries by entering an asterisk (*) (F2 key on the computer, delete key in CAMIS) in the white portion of a field. An asterisk will not delete entries in Item 5, Agency No.; Item 6, Worker No.; Item 8, Provider Number; Item 13, Payee Number; Item 34, Termination Code; Item 36, Service Code; or Start/Stop OASI.

D. When Item 36, Service Code, is entered in error or an invalid number entered, terminate the entire service line.

1. If a valid service code is entered, but is the incorrect code, terminate using 3R Service Code Opened in Error.

2. If an invalid number is entered, either correct the service code to the valid number, or terminate using a 4R Termination Code "Not Applicable / Service Code Opened in Error." [Submit the authorization in a paper batch.]()

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111	112	113	114	115	116	117	118	119	120
Group 121-140		Group 141-160		Group 161-180		Group 181-200		Group 201-216	

CODE	CODE NAME AND EXPLANATION

101   **Invalid Change Effective Date (CED)**

CED is blank or an invalid date is entered. Enter the correct Change Effective Date (see Section 15.10).

return to top
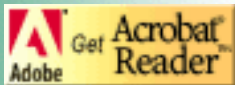
102   Invalid Reporting Unit - Fatal

Number in Item 5 is omitted or invalid (no such number is assigned to a reporting unit).

return to top

103   No Form Signature (This only applies to paper batches)

Worker did not sign the bottom of the form.

1.
   Do not submit when the only entry is the signature. If there are no other changes / corrections needed, re-enter the worker ID number and the change effective date.

return to top

104   Invalid Worker Number

Entry in Item 6 is omitted or invalid (no such ID number assigned to the reporting unit in the worker ID file).

1.
   If worker number is correct, verify the reporting unit number in Item 5 is correct.
2.
   If both worker number and reporting unit numbers are correct, verify the information in the worker ID file by on-line inquiry.
3.
   If the worker number is not on the worker ID file, the administrator's designee must enter the information prior to resubmitting the authorization.

return to top

105   Provider Not in Provider File

Provider number entered in Item 8 is not assigned to a provider and entered into the computer provider file.

1.

   Obtain the correct provider number by searching the provider file.

2.

   If no provider number is found, notify the person responsible for entering the provider file information (see Section 01.15) to initiate the DSHS 06-097(X), Provider File Action Request, to have a number assigned.

3.

   Enter correct provider number in Item 8.

4.

   Process this error correction in a paper batch transaction if printed on a DSHS 14-159. It is not correctable in an on-line transaction.

return to top

106   Invalid Provider Number

Provider number in Item 8 is invalid; i.e., the numbers are transposed or an incorrect number is entered.

1.

   Correct as for Error Message 105, above.

2.

   Process this error correction in a paper batch transaction if printed on a DSHS 14-159. It is not correctable in an on-line transaction.

return to top

107   **107 Payee Not in Provider File**

Number entered in Item 13 is not assigned to a provider / payee in the provider file.

1.
    Correct as for Error Message 105, above.
2.
    Process this error correction in a paper batch transaction if printed on a DSHS 14-159. It is not correctable in an on-line transaction.

return to top

108   **Invalid Payee Number**

Number in Item 13 is invalid; i.e., the numbers are transposed or an incorrect number is entered.

1.
    Correct as for Error Message 105, above.
2.
    Process this error correction in a paper batch transaction if printed on a DSHS 14-159. It is not correctable in an on-line transaction.

return to top

109   **Invalid Primary Recipient Birth Date**

Item 18 is blank or date entered invalid.

return to top

110   **Invalid Primary Recipient Social Security Number**

An alpha or other non-numeric character is entered in Item 19 rather than a nine-digit numeric entry, or the entry is all the same number, e.g., 999-99-9999, 111-11-1111, etc.

return to top

111   **Invalid Primary Recipient Goal Code**

Item 20 does not contain a valid goal code or is blank. See Section 05.20, Item 20.

return to top

112   **Invalid Primary Recipient Affirmative Action**

Item 22 is blank or contains a character other than those listed in the Race / Affirmative Action Table. See Section 05.20, Item 22.

return to top

113   **Invalid Primary Recipient Source of Referral**

An invalid numeric entry is made, or a non-numeric character is entered. (See Section 05.20, Item 23, for Source of Referral Codes.)

return to top

114   **Invalid Primary Recipient Eligibility End Date**

Item 24 is blank or date entered is invalid.

return to top

115   Invalid Primary Recipient Eligibility Code

Item 25 is blank, contains a non-numeric character, or the number entered is greater than 11. (See Section 05.25.)

return to top

116   Service Recipient Name is Blank

Item 26 is blank.

return to top

117   Invalid Service Recipient Birth date

Item 27 is blank or an invalid date is entered.

1.
    If the primary recipient is the service recipient, and if **SAME** is entered in Item 26, no entry is required in Item 27.
2.
    If a name is entered in Item 26, an entry is Item 27 is mandatory.

return to top

118   Invalid Service Recipient Affirmative Action

Item 29 is blank or contains an entry other than those listed in the Race / Affirmative Action Table, see Section 05.30.

return to top

119   Invalid Special Program Area

Box "B" of Item 30 is blank or the entry is not one of the codes listed for Special Program Area field "B", see Section 05.30.

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120   Invalid Service Begin Date

Item 32 is blank or an invalid date is entered.

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30-10	Error Code Group 121—140

ERROR CODES									
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131	132	133	134	135	136	137	138	139	140
Group 101-120		Group 141-160		Group 161-180		Group 181-200		Group 201-216	

CODE	CODE NAME AND EXPLANATION

121   Invalid Service End Date

Item 33 is blank or an invalid date is entered.

return to top

122   Service Begin/End Dates Conflict

The Service End Date in Item 33 is earlier than the
Service Begin Date in Item 32.

1.
   Review Service End Date in Item 33 and change it
   to a date after the Service Begin Date in Item 32.

return to top

123   Service/Eligibility End Dates Conflict

Item 24 is blank, or the Service End Date in Item 33 is
later than the Eligibility End Date in Item 24.

Change the date in Item 33 to the same as or earlier than
the date in Item 24; or, if necessary, predetermine the
eligibility of the client and enter the new extended
Eligibility End Date in Item 24.

return to top

124   Service Begin/Eligibility End Dates Conflict

Item 24 is blank or the Eligibility End Date in Item 24 is
earlier than the Service Begin Date in Item 32.

Change the date in Item 32 to be the same as or earlier
than the date in Item 24; or, if necessary, predetermine
the eligibility of the client and enter the new extended
Eligibility End Date in Item 24.

return to top

125   Not Active At This Time

return to top

126   **Invalid Termination Code - Not Accepted**

The entry in Item 34 is not a valid numeric/alpha combination from the Termination Code List (see Section 15.30).

1.
   To terminate the service, enter a valid termination code. Verify the end date in Item 33.
2.
   If you do not want termination, the error message is deleted automatically when the form is reprocessed through the computer.

return to top

127   **Blank or Invalid Service Code - Fatal**

Item 36 is blank, or an invalid number is entered.

1.
   If blank or invalid, enter correct service code, or
2.
   Terminate the service line by using termination code "4R".
3.
   Process this correction on a paper batch transaction if message printed on the DSHS 14-159. It is not correctable in an on-line transaction.
4.
   Re-authorize the correct service code if necessary.

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128   **Length of Service Exceeds Maximum**

The period of time authorized between Item 32 and Item 33 exceeds the maximum length of service allowed by the program. See the Service Code Data Sheet in the Appendix.

return to top

129   Required Primary Recipient Not Present

Item 17 is blank and an entry is required for the service code. See Service Code Data Sheet in Appendix.

return to top

130   Required Source Unacceptable

The service code used requires entry of a source code and Item 31 is blank, or an invalid source code for that service code is entered. See Service Code Data Sheet in Appendix.

return to top

131   Source Not Required But Present

The Service Code used does not require an entry for Source of Funds in Item 31.

1.
    Check to see that the correct service code is entered and that no source code is required.
2.
    If the service code is correct (if Source of Funds is not required), enter an asterisk in the white portion of Item 31 to delete the entry if one is printed on the DSHS 14-159.

return to top

132   Unacceptable Reason Code

The Service Code used requires entry of a Reason Code and Item 37 is blank or an invalid entry for that service code is made. See Service Code Data Sheet in Appendix.

return to top

133   Unacceptable Objective Code

The Service Code used requires entry of an Objective Code and Item 38 is blank, or an invalid entry for that service code is made. See Service Code Data Sheet in Appendix.

return to top

134   Units Exceed Authorized Maximum

The number of units entered in Item 42 exceeds the maximum allowed for the service code entered in Item 36. See Service Code Data Sheet in Appendix.

return to top

135   No Payment Services But OASI Present

OASI box (Item 44) incorrectly marked "YES".

1.
   Mark OASI box "NO" and resubmit authorization.

return to top

136   Service Exceeds Maximum Hours - Fatal

The number entered in Item 39 is in excess of the maximum allowed for the service, or an entry is required but the item is blank.

1.
   The entry in Item 39 may never be greater than 24.

return to top

137   Unacceptable Unit for Service - Fatal

The Unit of Service entered in Item 41 is incorrectly abbreviated or the Service Code entered in Item 36 is not paid according to that unit. See Service Code Data Sheet in Appendix for the correct unit.

return to top

138   Rate Not Equal Standard Rate for Service - Fatal

Item 41 rate is blank or the amount entered is different than the standard rate per unit allowed for the Service Code in Item 36. See Service Code Data Sheet in Appendix.

return to top

139   Unacceptable Unit for Rate Range - Fatal

The Unit section of Item 41 is blank or an invalid entry i.e., incorrect abbreviation, is entered for the service code in Item 36.

1.
   Enter the correct rate and/or unit in Item 41.

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140   Rate Outside Authorized Rate Range - Fatal

Rate entered in Item 41 is above or below the range allowed on Service Code Data Sheet for the Service Code entered in Item 36.

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151	152	153	154	155	156	157	158	159	160
Group 101-120		Group 121-140		Group 161-180		Group 181-200		Group 201-216	

CODE	CODE NAME AND EXPLANATION
141	**Invalid Unit - Fatal** Unit section of Item 41 is blank or incomplete unit is entered for the service code listed. 1. Enter correct unit listed on Service Code Data Sheet.

Invalid Days Per Week

142 Item 40 contains a nonnumeric entry or an entry greater than 7.

Units Exceed Authorized Maximum - Fatal

143 Item 42 is in excess of the maximum number of units allowed on the Service Code Data Sheet.

Invalid Special Program Area Box 30C (LEP)

144 Box C of item 30 is blank or the entry is not one of the codes listed for Special Program Area field C. See codes listed in Section 05.30

"W-2 Service – Relative Exemption Requested"

145 OASI box (Item 44) incorrectly marked "No".

Mark OASI box "yes" and resubmit authorization.

146 **Not Active at This Time**

147 **Not Active at This Time**

No Provider for Provider Unique Rate - **Fatal**

148

The service code entered in Item 36 requires a vendor unique rate but Item 8 is blank 0r has an invalid entry.

1.

    Correct as for [Message 105](#)

return to top

No Provider Unique Rate/Unit - **Fatal**

The service code entered in Item 36 requires a vendor unique rate/unit, there is a provider number in Item 8 but a unique rate/unit is not entered in Item 41 for that provider; or the rate/unit entered in Item 41 is not entered in the provider file for that provider.

1.

    Enter the correct vendor unique rate/unit in Item 41.

2.

    Verify the service code and provider number are correct.

149

3.

    If the service code is in error, terminate using Code 4R. Reauthorize using the correct service code. Process the termination in a [paper batch](#) transaction if the message is printed on the DSHS 14-159.

4. If the provider file has no rate entered for the provider, contact the person responsible for the provider file information for that type of provider. See Section [01.15 D](#)

return to top

Invalid Provider Unique Rate/Unit - Fatal

150

The service code entered requires a provider unique rate/ unit and the entry in Item 41 is an invalid rate or unit for this service. This may occur if a worker prorates monthly rate to a daily rate.

1.

To correct, enter the unit listed on the Service Code Data Sheet. Enter the correct vendor rate/unit.

return to top

Service is Terminated - Cannot Be Altered

New information is entered on a service line which was previously terminated.

151

1.

The computer rejects the changes.

2.

No correction is necessary; the error will disappear on subsequent submittal of the form.

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Not Active At This Time

152

return to top

153   **Not Active At This Time**

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154   **Not Active At This Time**

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****Contact SSPS Control To Clarify

155 This message always appears with another error message. The message indicates problems in the computer system which must be corrected before the authorization can be submitted.

return to top

156 **Worker ID Required**

return to top

Not W-2 Reportable and OASI Requested

157 This message appears when the OASI box (Item 44) is incorrectly marked "Yes".

1. Mark OASI box "No" and resubmit authorization.

return to top

158 **Not Active At This Time**

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159 **Not Active At This Time**

return to top

Invalid Reporting Unit - Fatal

160 Same as error message 102 except the DSHS 14-154/159 is authorizing at least one purchased service.

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171	172	173	174	175	176	177	178	179	180

Group 101-120	Group 121-140	Group 141-160	Group 181-200	Group 201-216

CODE	CODE NAME AND EXPLANATION

161   **Service Recipient Name is Blank - Fatal**

Same as Error Message 116 except the service authorized is purchased.

return to top

162   **No Form Signature - Fatal**

Same as Error Message 103 except the DSHS 14-154/159 is authorizing at least one purchased service.

Submit the turnaround form with the worker's signature, the effective date **and** one other entry. If no changes/ corrections need to be made, re-enter the worker ID in Item 6.

return to top

163   **Not Active At This Time**

return to top

164   **Provider Not Entered for Paid Service - Fatal**

Entry in Item 8 is omitted and the DSHS 14-154/159 authorizes at least one paid service.

Correct as for Error Message 105.

return to top

165   **Invalid Service Begin Date - Fatal**

Same as Error Message 120 except a paid service is authorized.

return to top

166   **Provider Not in Provider File - Fatal**

Same as Error Message 105 except a paid service is authorized.

return to top

167   **Invalid Service End Date - Fatal**

Same as [Error Message 121](#) except a paid service is authorized.

return to top

168   **Service Begin/End Dates Conflict - Fatal**

Same as [Error Message 122](#) except a paid service is authorized.

return to top

169   **Service/Eligibility End Dates Conflict - Fatal**

Same as [Error Message 123](#) except a paid service is authorized.

return to top

170   **Service Begin/Eligibility End Dates Conflict - Fatal**

Same as [Error Message 124](#) except a paid service is authorized.

return to top

171   **Termination Code Requires Valid End Date**

A valid termination code is entered in Item 34 and Item 33 is blank or date entered is invalid.

1.
   Re-enter the correct termination date in the white portion of Item 33(even if is the same date printed on the form).

return to top

172 **Invalid Provider Number - Fatal**

Same as Error Message 106 except DSHS 14-154/159 is authorizing at least one purchased service.

return to top

Required Source Invalid - Fatal

173 Same as Error Message 130 except a paid service is authorized.

return to top

Invalid Payee Number - Fatal

174 Same as Error Message 108 except the DSHS 14-154/159 is authorizing a paid service.

return to top

Service Rate Not Numeric - Entry Not Accepted - Fatal

Entry in item 41 is alpha or other nonnumeric character.

175
1.
The incorrect entry is rejected by the computer and **not** printed on the turnaround form(14-159)

return to top

Total Units Not Numeric - Entry Not Accepted - Fatal

Entry in item 42 is alpha or other nonnumeric character.

176
1.
The incorrect entry is rejected by the computer and **not** printed on the turnaround form.

Authorized Amount Not Numeric - Entry Not Accepted - Fatal

177

Entry in item 43 as alpha or other nonnumeric character.

1.

The incorrect entry is rejected by the computer and not printed on the turnaround form.

Service Rate Not Numeric – Entry Not Accepted - Fatal

178   Same as Error Message 175 except a paid service is authorized.

Total Units Not Valid – Entry Not Accepted - Fatal

179   Same as Error Message 176 except a paid service is authorized.

Item 21 Is Blank or Exceeds Limit - Fatal

At least one service code on the authorization requires an entry in Item 21.

180   1.

Enter correct Item 21 code from GENERAL INFORMATION in the service code appendix.

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ERROR CODES

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191	192	193	194	195	196	197	198	199	200
Group 101-120		Group 121-140		Group 141-160		Group 161-180		Group 201-216	

CODE	CODE NAME AND EXPLANATION

181   **Invalid Primary Recipient Goal**

The service authorized requires an entry in Item 20.

return to top

182 **Payee Not in Provider File - Fatal**

Same as Error Message 107 except the DSHS 14-154/159 authorizes at least one purchased service.

return to top

183 **Payee Required But Not Entered - Fatal**

The service code requires a payee but Item 13 is blank.

1.
   Enter the correct payee provider number in Item 13.

return to top

184 **Invalid Legal Status/Living Arrangement**

An entry is required in Item 30 field A but none is present, or the entry in Item 30 A is invalid (i.e., numeric rather than alpha, etc.).

return to top

185 **Computed Rate X Units = $**

The entry in Item 43 is not equal to Rate X Unit (Items 41 X 42).

1.
   Determine that the entries on Items 41 and 42 are correct.

2.
   Enter correct amount in Item 43 and resubmit.

return to top

186   **Provider No Must Not Equal Payee No - Fatal**

The same provider number is entered in Items 8 and 13.

1.
   You cannot change a valid provider number to a new number.

2.
   Terminate the authorization if the message is printed on a DSHS 14-154 using the 4R Termination Code and re-authorize service on new DSHS 04-154(X)

return to top

187   **Item 21 is Blank or Exceeds Limit**

Same as Error Message 180 except a paid service is not authorized

return to top

188   **Short-Term Termination Exceeds 10 Days**

The dates entered in Item 32 and Item 33 cover more than a 10-day period.

1.
   The error message is deleted automatically when the form is reprocessed through the computer.

2.
   To terminate the service line, follow procedure in Section 15.30

return to top

189   **Cannot Change Valid Provider Number Must Terminate**

The number previously entered in Item 8 is a valid number so cannot be changed.

1.

    If the provider has changed, use 2Q as termination code and authorize the service with the new provider on a DSHS 14-154(X).

2.

    If a valid but incorrect provider number is entered, terminate this authorization and open a new authorization to report the correct provider. Use 3R as Termination Code. Do not use 4R as a Termination Code.

return to top

190   **Cannot Change Valid Payee Number Must Terminate**

1.

    The number previously entered in Item 13 is a number so cannot be changed

2.

    If the payee has changed or a valid but incorrect payee number is entered, terminate this authorization reporting the correct payee.

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191   Cannot Change Service Code Must Terminate

The service code previously entered in Item 36 is a valid service code and cannot be changed.

1.

   If service was not provided or service is no longer being provided, terminate using appropriate termination code.

2.

   Re-enter the desired service code on the next service line or on a new authorization.

3.

   Do not use 4R as termination code.

192   Service Code Discontinued Must Terminate

This service code is discontinued as a service that is provided.

1.

   Terminate the code with an appropriate termination code.

2.

   Determine if another service code is appropriate and enter on the next service line or on a new authorization.

193   **CED Causes Invalid SVC Extension**

The change effective date is later than the printed end date, indicating a break in service.

1.

   Re-enter a CED equal to or earlier than the printed end date in Item 33.

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194   **Changed Begin Date Earlier Than CED**

When changing **nonpayment** information **and** the service begin date, the CED must be equal to or earlier than the new begin date. When changing **payment** information **and** the service begin date, the CED must be equal to the new begin date.

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195   **Begin Date Later Than Old End Date**

The new begin date is beyond the printed end date, causing a break in service.

1.

   If there is in fact a break in service, terminate the service line and re-authorize.

2.

   If the begin date is in error, resubmit with the corrected begin date.

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196   **CED Causes Invalid SVC Extension - Fatal**

Same as error Message 193, except a paid service is authorized.

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197   Changed Begin Date Earlier Than CED - Fatal

Same as error [Message 194](#), except a paid service is authorized.

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198   Begin Date Later Than Old End Date - Fatal

Same as error [Message 195](#), except a paid service is authorized.

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199   CED Later Than Service End Date - Fatal

The CED is later than the printed (or changed, if entered) Service End Date.

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200   4R Invalid Termination Code for This Service

4R Termination Code cannot be used for a valid paid service. It is acceptable as a termination code for services in "Fatal" error status only, and then must be submitted in a paper batch.

1.
   4R Termination Code is not normally used for a non paid service

   .
2.
   The Terminal does not accept 4R termination code in an on-line transaction. It does accept 3R if no other errors are present.

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Appendix:

(A) Aging

(B) SOCC

(C) CA

(E) DDD

(F) JRA

(H) ESA

(I) MAA

Centralized Provider File

Direct Deposit

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BASIC MANUAL

Section 30 — Edit Error Codes

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30-30	Error Code Group 201—215

ERROR CODES									
201	**202**	**203**	**204**	**205**	**206**	**207**	**208**	**209**	**210**
211	**212**	**213**	**214**	**215**					
Group 101-120		**Group 121-140**		**Group 141-160**		**Group 161-180**		**Group 181-200**	

CODE	CODE NAME AND EXPLANATION

201   **CED Earlier Than Service Begin Date - Fatal**

The Change Effective Date (CED) cannot be earlier than the printed (or changed if entered) Service Begin Date.

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202   **Not Active At This Time - Reserved For On-Line Testing**

203   **Service Requires SSN on Provider - Fatal**

At least one service code on the authorization requires the employee's social security number be entered on the SSPS Provider file.

1.
     Add the employee's social security number or tax ID number to the employee SSPS Provider file information.
2. Resubmit the authorization.
     a. For On-Line Transmission, retransmit the authorization entering the same Change Effective Date (CED).
     b. For paper batch, re-enter Worker ID (Item 6). Use the same Change Effective Date (CED) as the authorization in error.

204   **Service Term End Date Exceeds 30 Days - Fatal**

The termination date in Item 33 is more than 30 days after the date the form was processed.

1.
     Resubmit form with a termination date that is no more than 30 days in the future. Preferably, wait until the termination date has passed, then close the service.

205   New Begin Date Exceeds 30 Days - Fatal

The new begin date in Item 32 is more than 30 days after the date the form was processed.

1.
   Resubmit form with a begin date that is no more than 30 days in the future.

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206   Service Term End Date Exceeds 30 Days

Same as Error Message 204, except a non paid service is authorized.

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207   New Begin Date Exceeds 30 Days

Same as Error Message 205, except a non paid service authorized.

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208   OASI Start/Stop Blank - Fatal

At least one service on this authorization states OASI applies. See Service Code Data Sheet(s) in Appendix.

Resubmit form with OASI checked either "YES" or "NO".

1. If the provider is a relative that may be exempt from OASI:
   a. Check to see if the correct Service Code has been authorized. Most services performed by relative providers have different/separate service codes.
   b. Check the OASI box "NO".
   c. See program manual and Service Code Data Sheet for further information.
2. If the provider is not a relative "of specified degree"

according to program policy, check "YES".

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209   Service Requires SSN on Payee - Fatal

At least one service code on the authorization requires the employer's social security number be entered on the SSPS Provider file.

1.
   Add the employer's social security or tax ID number to the employer (client payee) SSPS Provider file information.
2. Resubmit the authorization.
   a. For On-line Transmission, retransmit the authorization entering the same Change Effective Date.
   b. For paper batch, enter Worker ID (Item 6). Use the same Change Effective Date as the authorization in error.

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210   Valid Entry Required In Days Per Week - Fatal

An entry was made in hours/day (Item 39) for an hourly service. Therefore, a valid entry in days per week (Item 40) is required.

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211   Valid Entry Required In Hours Per Day - Fatal

An entry was made in days/week (Item 40) for an hourly service. Therefore, a valid entry in hours/day (Item39) is required.

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212   Not Active At This Time

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213   SVC Not Allowed From This R/U

This reporting unit does not have authority to authorize this service.

1.
   Terminate the service using the "4R" termination code.
2. Process this error correction in a paper batch transaction. It is **not** correctable in an on-line transaction.

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214   Comma Required After Family Name - **Fatal**

A comma is required in the primary and service recipient name fields.

1.
   If the primary and service recipient is a person, enter a comma after the family name (surname).
2. If the primary or service recipient is a business or facility, enter a comma in the name field.

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215   Comma Required After Family Name

Same as Error Message 214, but used when a nonpayment service is authorized.

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